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S 000	INITIAL COMMENTS The following citations represent the findings of an initial survey at the above named home plus facility conducted on 8-22-17, 8-23-17 and 8-24-17.	S 000		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of 12 residents. The sample included 3 residents. Based on observation and interview, the Operator failed to ensure a Licensed Pharmacist or Licensed Nurse placed the full name of the resident on the package. Findings included: - Observation of medication storage on 8-22-17 at 11:15 AM revealed a variety of opened	S3211		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S3211	Continued From page 1 Over-the-counter medications (OTC ' s) marked as " Stock " supply. Acetaminophen tablets (pain relief) Hemorrhoid suppositories Athletes Foot Spray Gas Relief tablets Folic Acid Daily vitamins with minerals Anti-diarrheal tablets Diphenhydramine HCL (Allergy relief) tablets Tums Antacid chewable tablets Observation on 8-22-17 at 11:25 AM of medication cabinet revealed that Resident # 104 had a medication bin which contained the following: AREDS2 (eye vitamin) tablets with " 1700 " written on the lid Iron 65 mg(milligrams) tablets with " AM " written on lid. Aspirin 81 mg tablets with " 1200 " written on the lid. Interview on 8-22-17 at 11:15 AM administrative nurse A confirmed that medications lacked documentation of full name of resident/residents. The operator failed to ensure that a licensed pharmacist or licensed nurse labeled the over-the-counter medications with the full name of the resident on the package.	S3211		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days;	S5085		

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S5085	Continued From page 2 (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(c)(2) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview for 1 (#103) of 3 sampled residents, the operator failed to ensure designated staff shall conduct a screening to determine each resident's functional capacity following any significant change in condition as defined in K.A.R. 26-39-100. Findings included: - Record review for Resident #103 revealed admission on 10-28-16 with diagnoses Hypertension, Fatigue, Hip Pain, Osteoporosis and Phlebitis/Thrombophlebitis. The Functional Capacity Screen (FCS) dated 10-28-16 recorded resident independent with bathing, dressing, toileting, transfers, walking/mobility and eating. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 11-4-16 recorded resident was independent with bathing (Resident gives self a daily sponge bath). On 8-3-17 the NSA /HCSP documented "Staff assists with sponge baths 2 times weekly." Interview on 8-22-17 at 4:27 pm with	S5085		

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S5085	Continued From page 3 Administrative Nurse A confirmed the resident experienced a significant change in condition and required assistance with bathing. Confirmed the FCS lacked documentation for physical assistance with bathing. For Resident #103, the operator failed to ensure designated staff conducted a screening to determine resident's functional capacity following a significant change in ability to bathe self.	S5085		
S5115 SS=E	26-42-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(c) The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview for 2 (#102, #103) of 3 sampled residents, the operator failed to ensure development of an initial negotiated services agreement at admission. Findings included: - Record review for Resident #102 revealed admission on 9-30-16 with diagnoses Insulin Dependent Diabetes Mellitus and Congestive Heart Failure. The Functional Capacity Screen (FCS) dated 9-30-16 indicated the resident required health care services. The Negotiated Service Agreement (NSA) dated	S5115		

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S5115	Continued From page 4 10-7-16 recorded services for meals, diabetic management, ambulation, bathing and personal hygiene. The record lacked documentation of a NSA on or before admission to the facility. - Record review for Resident #103 revealed admission on 10-28-16 with diagnoses Hypertension, Fatigue, Hip Pain, Osteoporosis and Phlebitis/Thrombophlebitis. The Functional Capacity Screen (FCS) dated 10-28-17 indicated the resident required health care services. The Negotiated Service Agreement (NSA) dated 11-4-16 recorded services for meals, medication and treatment management. The record lacked documentation of a NSA on or before admission to the facility. Interview on 8-22-17 at 5:00 pm with Administrative Nurse A stated he/she thought they had seven days to complete a negotiated service agreement and confirmed the record lacked documentation of an NSA at admission. For Residents #102 and #103, the operator failed to ensure the development of an initial negotiated service agreement at admission.	S5115		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service	S5155		

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S5155	Continued From page 5 agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility identified a census of 12 residents. The sample included 3 residents. The operator failed to ensure that a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of the residents regarding use of side rails on beds to include safety assessments prior to use as evidenced by observation, record review and interview; and affecting 2 (#101, #102) of 3 sampled residents. Findings included: - Observations on 8-22-17 during entrance tour of facility from 10:35 am to 12:55 pm revealed 2 resident rooms which contained hospital beds with half rails attached to the bed frames and one room which contained a full size bed with a bed cane. - Record review for Resident #101 revealed admission on 9-5-16 with diagnoses Diabetes Mellitus Type 2, Hypertension, Parkinson's Disease, Coronary Artery Disease, Gastroesophageal Reflux Disease, Fatigue and Status Post Cerebrovascular Accident. The Functional Capacity Screen (FCS) dated 9-6-16 recorded resident required physical assistance with bathing, dressing, toileting, transfers, walking/mobility and eating; and unable	S5155		

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S5155	Continued From page 6	S5155		

to perform management of medications and treatments. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Current problems identified included: impaired vision, impaired decision-making and socially inappropriate disruptive behavior.

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 9-5-16 recorded services for meals, diabetic management, medication and treatment management, behavior management, transfer and ambulation, bathing, toileting assistance and personal hygiene. Effective 1-1-17 "resident uses standup lift with assist of one staff or may pivot with transfer assist of 1-2 staff.

The NSA/HCSP lacked indication and use of a half rail on bed including documentation of a safety assessment prior to use of the rail. The nurse's notes lacked documentation of use of side rail.

Observations of resident on 8-22-17 and 8-23-17 revealed resident to be wearing a call pendant around his/her neck. Resident observed to be able to answer questions appropriately and able to make needs known.

Interview on 8-23-17 at 2:07 pm with certified staff B stated resident uses the call pendant regularly to request staff assistance. Certified staff B further stated when he/she gets resident out of bed, encourages resident to do as much as possible for self. Stated resident uses the side rail to help pull him/her self up into sitting position and also for security to prevent falling out of bed.

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S5155	Continued From page 7 - Record review for Resident #102 revealed admission on 9-30-16 with diagnoses Insulin Dependent Diabetes Mellitus and Congestive Heart Failure. The Functional Capacity Screen (FCS) dated 9-30-16 recorded resident required physical assistance with bathing, walking/mobility and management of medications and treatments; supervision with dressing and independent with toileting, transfer and eating. Frequently incontinent of bladder. Problems with memory/recall. Current problems/risks identified included falls/unsteadiness. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 10-7-16 recorded services for meals, diabetic management, medication and treatment management, ambulation assistance, and personal care (bathing, and dressing, and personal hygiene). Transfers per self. The NSA/HCSP lacked indication and use of a bed-cane on bed including documentation of a safety assessment prior to use of the bed cane. The nurse's notes lacked documentation of use of a bed-cane. Observation at on 8-22-17 at 11:55 AM revealed in apartment of resident #102, a full-size bed with one side against the wall. On the side of the bed not against the wall, observed a bed-cane (transfer bar that is mounted onto a board that slides between the mattress and box springs to hold bar in place). Interview on 8-22-17 at 11:55 AM with resident #102, he/she stated " That is the best thing I ever got, I can just get right out of bed " .	S5155		

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S5155	Continued From page 8 For residents #101, #102, the operator failed to ensure that a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of the residents regarding use of side rails/bed cane on beds to include safety assessments prior to use.	S5155		
S5195 SS=F	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility identified a census of 12 residents. The sample included 3 residents. The operator failed to ensure staff members stored food under safe and sanitary conditions as evidenced by observation and interview for all residents, Findings included: - On 8/22/17 at 12:00 PM surveyor observed in the refrigerator: Zip lock bag with what appeared to be cooked sausage and bacon lacked label and date prepared. Zip lock bag with foil wrapped Velveeta cheese lacked date when opened.	S5195		

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S5195	Continued From page 9 The refrigerator lacked a thermometer. A dry storage cabinet contained: Repackaged crackers in a Ziploc bag which lacked a label and date. Unopened bag of white substance lacked a label and an expiration or use by date. The facility failed to provide a policy or procedure for food storage. On 8-22-17 at 12:20 PM Facility staff F confirmed that foods were not being dated when opened and not identified when re-packaged. Stated the unopened bag contained gluten-free flour. For all residents, the operator failed to ensure staff members stored food under safe and sanitary conditions.	S5195		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.	S5215		

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S5215	Continued From page 10 This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The facility reported a census of 12 residents. The sample included 3 residents. The Operator failed to ensure disaster and emergency preparedness by ensuring quarterly review of the home's emergency management plan with employees and residents as evidenced by record review and interview and affecting all residents and staff. Findings included: - Review of facility emergency management plan on 8-22-17 with Operator revealed review for Fire Prevention with staff on 12-9-16; review of the entire emergency management plan with staff on 3-6-17; and review of Fire Safety with staff on 4-5-17. The plan lacked documentation of quarterly review of the entire emergency management plan with staff. The plan further lacked documentation of review with residents. Facility policy for "Emergency Response Procedures" stated the following: "Training: (Facility) will train all employees on the procedures contained in this plan. New employees will be trained upon hiring and re-trained any time the employees responsibilities change or whenever the plan changes.,,The company will also designate and train a sufficient number of employees to assist in the safe and orderly evacuation of residents, visitors and staff. These employees will be trained and retrained as needed...The plan will be reviewed with residents and staff quarterly."	S5215		

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S5215	Continued From page 11 Interview on 8-22-17 at 11:40 am with Operator confirmed the plan lacked documentation of quarterly review with residents and quarterly review of the entire plan with staff. The Operator failed to ensure disaster and emergency preparedness by ensuring quarterly review of the home's emergency management plan with employees and residents.	S5215		
S5258 SS=E	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide.	S5258		

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S5258	Continued From page 12 This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1)(2) The facility reported a census of 12 residents. The sample included 3 residents. The facility identified 16 employees hired since opening of home, with 5 staff records reviewed. The operator failed to ensure the employee records contained evidence of licensure or certification for each employee performing a function that requires specialized education or training and verified before providing care to residents as evidenced by record review and interview for 4 (B, C, D, E) of 4 certified and/or licensed staff reviewed. The operator further failed to ensure documentation for criminal background checks of facility staff pursuant to K.S.A. 39-970 and amendments thereto. Findings included: - Record review on 8-22-17 at 2:40 pm of employee records with Administrative Nurse A revealed the following: Record reviews for certified staff B(date of hire 8-24-16), licensed staff C (date of hire 9-16-16), licensed staff D (date of hire 11-28-16), and certified staff E (date of hire 12-1-16) revealed the nurse aid registry and licensure verification forms lacked the dates when checked. For certified staff B, and E, the records lacked documentation of a criminal background check. The facility failed to provide a policy for staff qualifications. Interviews on 8-22-17 at 3:10 pm and 3:23 pm with Operator confirmed the registry and	S5258		

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S5258	Continued From page 13 licensure verification forms lacked dates when checked and also confirmed the records for certified staff B and E lacked documentation of criminal background checks. For all residents, the operator failed to ensure the employee records contained documentation that the registry was checked for certified staff and licensure was verified for licensed staff before providing care to residents. The operator further failed to ensure documentation for criminal background checks of facility staff pursuant to K.S.A. 39-970 and amendments thereto.	S5258		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d)	S5300		

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S5300	Continued From page 14 The facility reported a census of 12 residents. The sample included 3 residents. Based on record review and interview for 1 (#103) of 3 sampled residents, the operator failed to ensure all medications and biologicals are administered in accordance with a medical care providers written order and professional standards of practice. Findings included: - Record review for Resident #103 revealed admission on 10-28-16 with diagnoses Hypertension, Fatigue, Hip Pain, Osteoporosis, Phlebitis and Thrombophlebitis. The Functional Capacity Screen (FCS) dated 10-28-16 recorded resident required physical assistance with management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 11-4-16 recorded nursing services for Medication and Treatment Management. Medications ordered by Physician/noted by licensed nurse, delivered by (pharmacy). (Resident) pays full cost of medications. (Family Member) will provide vitamins. Keeps pain medications and colace (stool softener) at bedside. Review of Medication Administration Record (MAR) for August 2017 revealed the following medications which lacked documentation of a physician's order: Loratidine 10 mg (milligrams) 1 tab (tablet) daily for allergy symptoms; Vitamin D3 1 tab daily for supplement; Vol-Tab RX 1 tab daily for supplement;	S5300		

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S5300	Continued From page 15 Mag-Delay 1 tab daily for low magnesium. Review of physician's orders dated 8-3-17 revealed the following orders which lacked documentation on the MAR or clarification: bifidobacterium-lactobacillus (Probiotic Formula) 1 capsule daily; diclofenac topical 1% gel apply topically 4 times a day as needed for pain; Ondansetron 4 mg every 6 hours as needed for nausea and vomiting; Pantoprazole (Protonix) 40 mg 2 times a day; propranolol 10 mg 1 tab orally 2 times a day. Interview on 8-23-17 at 10:22 am with Administrative Nurse A confirmed the above discrepancies between the MAR and the physician orders. Stated he/she has called the physician's office for a current and correct list of orders. For Resident #103, the operator failed to ensure that all medications and biologicals were administered in accordance with a medical care provider's written order and professional standards of practice.	S5300		
S5301 SS=D	26-42-205 (d) (3) Facility Administration of Medications (d) (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and	S5301		

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S5301	Continued From page 16 (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d)(3)(A) The facility reported a census of 12 residents. The sample included 3 residents. Based on observation and interview for 1 (#102) of 3 sampled residents, the Operator failed to ensure a licensed nurse or medication aide shall administer only the medication that the licensed nurse or medication aide has personally prepared. Findings included: - Interview on 8-22-17 at 11:30 am with Administrative Nurse A during entrance tour when asked are medications set up for others to administer stated Resident #102 has medications which are "set up ahead of time because he/she has so many that it's easier". Medications are set up weekly in an organizer for facility staff (certified and licensed) to administer to resident. - Record review for Resident #102 revealed admission on 9-30-16 with diagnosis of Insulin dependent diabetes and Congestive Heart Failure. The Functional Capacity Screen (FCS) dated	S5301		

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S5301	Continued From page 17 9-30-16 recorded resident required physical assistance with management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 10-7-16 recorded nursing services to include medication and treatment management. All medications provided by Certified Medication Aide or licensed nurse. The facility "Medication Management Policy" failed to state that a Licensed Nurse or Medication aide shall administer only the medications that the licensed nurse or medication aide has personally prepared. Interview on 8/23/17 at 9:21 AM with certified staff E verified that the he/she did not prepare the medications he/she administers to resident #102. He/she stated "(Administrative Nurse A) sets up a weekly pill box with the ordered medications for resident. Whoever the medication aide is then takes the pills out of the box and gives to (resident #102) to take". For Resident #102, the operator failed to ensure licensed nurses and medications aides administered only the medications that the licensed nurse or medication aide personally prepared.	S5301		
S5325 SS=F	26-42-205 (l) Medication Regimen Review Frequency (l) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition.	S5325		

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S5325	Continued From page 18 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(l) The facility reported a census of 12 residents. The sample included 3 residents. The operator failed to ensure a licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition as evidenced by record review and interview for 3 (#101, #102, #103) of 3 sampled residents with the potential to affect all residents. Findings included: - Record review for Resident #101 revealed admission on 9-5-16 with diagnoses Diabetes Mellitus Type 2, Hypertension, Parkinson's Disease, Coronary Artery Disease, Gastroesophageal Reflux Disease, Fatigue and Status Post Cerebrovascular Accident. The Functional Capacity Screen (FCS) dated 9-6-16 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 9-5-16 recorded nursing services to include Medication and Treatment Management. (Note: The NSA lacked identification of the pharmacy provider and who is to pay the pharmacy.) The Administrative Nurse A provided a copy of Physician's Orders dated April 27, 2017.	S5325		

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S5325	Continued From page 19 Administrative Nurse A documented a "Medication Review: Takes Digoxin no corresponding lab. Takes Simvastatin no corresponding lab, A1C. Ranitidine - we were awaiting refill from mail order and was out for a couple days...complained of epigastric pain which disappeared once medications came in. Continue? (Physician responded yes." Physician ordered lab accordingly. No further reviews. The record lacked documentation of a medication regimen review performed quarterly. - Record review for Resident #102 revealed admission on 9-30-16 with diagnoses Insulin Dependent Diabetes Mellitus and Congestive Heart Failure. The Functional Capacity Screen (FCS) dated 9-30-16 recorded resident required physical assistance with management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 10-7-16 recorded nursing services to include medication and treatment management. All medications provided by Certified Medication Aide or licensed nurse. Blood glucose monitoring twice a day three times per week. Bedtime insulin. Insulin dialed by staff; injected by resident. (Note: The NSA lacked identification of the pharmacy provider and who is to pay the pharmacy.) The record lacked documentation of medication regimen review.	S5325		

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S5325	Continued From page 20 - Record review for Resident #103 revealed admission on 10-28-16 with diagnoses Hypertension, Fatigue, Hip Pain, Osteoporosis, Phlebitis and Thrombophlebitis. The Functional Capacity Screen (FCS) dated 10-28-16 recorded resident required physical assistance with management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 11-4-16 recorded nursing services for Medication and Treatment Management. Medications ordered by Physician/noted by licensed nurse, delivered by (pharmacy). (Resident) pays full cost of medications. (Family Member) will provide vitamins. Keeps pain medications and colace (stool softener) at bedside. Administrative Nurse A provided a form labeled "(Facility) Physician's Communication" on which was written under the Concern section: "Quarterly Review required by state" with the following questions: -any other lab orders? -any drug interactions you see? -any unnecessary medications? -diagnosis for curcumin? dated 5-1-17 "Please review and fax back." The form lacked documentation of a physician's answer to the questions or a physician signature. Review of facility "Medication Management Policy" revealed the policy lacked documentation of procedures for quarterly medication regimen review. Interview on 8-22-17 at 4:00 pm and 8-23-17 at 11:12 am with Administrative Nurse A stated	S5325		

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S5325	Continued From page 21 he/she had performed the medication regimen reviews as above and confirmed the records lacked documentation of reviews performed quarterly. Stated he/she had contacted a pharmacy to perform the quarterly regimen reviews from now on and they should be here any day. For Residents #101, #102, #103 and affecting all residents, the operator failed to ensure a licensed pharmacist or licensed nurse conducted a medication regimen review at least quarterly for each resident whose medication is managed by the home.	S5325		
S5326 SS=F	26-42-205 (l) (1) Medication Regimen Review Contents (l) (1) The medication regimen review shall identify any potential or current medication-related problems, including the following: (A) Lack of clinical indication for use of medication; (B) the use of a subtherapeutic dose of any medication; (C) failure of the resident to receive an ordered medication; (D) medications administered in excessive dosage, including duplicate therapy; (E) medications administered in excessive duration; (F) adverse medication reactions; (G) medication interactions; and (H) lack of adequate monitoring. This REQUIREMENT is not met as evidenced by:	S5326		

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S5326	Continued From page 22 K.A.R. 26-42-205(l)(1)(A)(B)(C)(F)(G)(H) The facility reported a census of 12 residents. The sample included 3 residents. The operator failed to ensure the medication regimen review identified any potential or current medication-related problems as evidenced by record review and interview for 3 (#101, #102, #103) of 3 sampled residents and affecting all residents with facility managed medications. Findings included: - Review on 8-22-17 of resident roster revealed 11 residents with facility managed medications. Record reviews for residents #101, #102, #103 each indicated the facility staff responsible for management of medications. Review of Negotiated Service Agreement/ Health Care Service Plans for the above residents indicated nursing services for Medication and Treatment Management. For Resident #101, a Medication Administration Record for August 2017 lacked documentation of an indication for use for the following medications: Melatonin 10 mg (milligrams) Simvastatin 20 mg Gabapentin 300 mg Isosorb Mono 10 mg Lisinopril 5 mg Carb/Levo Extended Release 50-200 mg Citalopram 20 mg The resident had a form in the record labeled Physician's Orders. Administrative Nurse A wrote "Medication Review" on the bottom of 2nd page of the form dated 4-27-17 which addressed monitoring of labs and notified physician of failure to receive an ordered medication.	S5326		

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S5326	Continued From page 23 For Resident #102, the record lacked documentation of a Medication Regimen Review. For Resident #103, a Medication Adminsitration Record for August 2017 lacked documentation of an indication for use for the following medications: Carvedilol 3.125 mg (milligrams) Curcumin 500 mg with bioperine Losartan 50 mg Warfarin Sodium 2 mg Administrative Nurse A provided a form labeled "(Facility) Physician's Communication" on which was written under the Concern section: "Quarterly Review required by state" with the following questions: -any other lab orders? -any drug interactions you see? -any unnecessary medications? -diagnosis for curcumin? dated 5-1-17 "Please review and fax back." Interview on 8-23-17 at 11:03 am with Administrative Nurse A confirmed the physician failed to complete the form and had not returned the fax. Further confirmed there were no other records for the medication regimen review. The facility failed to provide documentation of quarterly medication regimen reviews which identified the potential or current medication related problems including a) lack of clinical indication for use of medication; b) use of a subtherapeutic dose of any medication; c) failure of the resident to receive an ordered medication; d) medication administered in excessive dosage, including duplicate therapy; e) medications administered in excessive duration; f) any adverse reactions to medications; g) medication	S5326		

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S5326	Continued From page 24 interactions and h) lack of adequate monitoring. Interviews on 8-23-17 at 11:03 am, 11:12 am 11:50 am with Adminsitrative Nurse A stated he/she was unable to locate documentation of a medication regimen review for resident #102. Confirmed he/she had not completed the Medication Regimen Reviews quaterly and not at all on some residents. Stated had contacted a pharmacy to perform the reviews in the future. For all residents with facility managed medications, the operator failed to ensure the medication regimen review identified any potential or current medication-related problems.	S5326		